OCT 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29309

File No. 29309
Registered No. 58

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 124
Township Byrd Primary Registration District No. 4070
City Jackson Mo (No. ..... St. ..... Ward)

2. FULL NAME August H. Fraemsdorf
(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carolina Fraemsdorf

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9, 1852

7. AGE: YEARS 78 MONTHS 11 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Egypt Mills Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Gottlieb Fraemsdorf
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

14. INFORMANT Hy Fraemsdorf
(Address) Cape Gir Mo.

15. FILED 9-3, 1930 D. G. Seibers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2nd 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1930, to Sept 2nd, 1930 that I last saw him alive on Sept 1, 1930, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hartero-Schroses
97
about 3 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None
✓ (duration) ✓ yrs. ✓ mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) D. J. L. Seabaugh, M. D.
9-3, 1930 (Address) Jackson Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Russell Heights
DATE OF BURIAL: Sept 4 1930

20. UNDERTAKER: McCombs Furn & Und Co
ADDRESS: Jackson Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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